

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jonlin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosnital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs
In this community 27 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jonlin
(If outside city or town limits, write "RURAL")
(d) Street No. Keystone Hotel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Lee Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 21 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>14</u>	hr. <u>0</u> min.

9. Birthplace Chanute Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Ass. Williams Laboratory

12. Name Geo. W. Williams

13. Birthplace Shaklyville, Penn
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Celestial Keck

15. Birthplace Greenville Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Bruce Williams

(b) Address 615 Islington Place

17. (a) Removal (b) Date thereof 5-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery Chanite
Thornhill-Dillon, Kans

18. (a) Signature of funeral director _____
(b) Address Jonlin, Missouri

19. (a) 5-8-48 (b) Delores Sampson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1948 hour 5:50 minute _____ a M.

21. I hereby certify that I attended the deceased from 6-24-47
_____, 19____, to _____, 19____;
that I last saw h. im alive on May 6, _____, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration 1 hr.

Due to Generalized arteriosclerosis 2 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Pulmonary congestion due to pulmonary embolism.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address _____ Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
2
8

49
2
5
0

MAR 4 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Jesse O. Sullivan, Jr......, Registered Apprentice No. *94*
 working under my personal supervision.

Signed *Rebecca Shombles*.....

Licensed Embalmer No. *3590*.....

P. O. Address *Joplin, Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.